

Suffolk County Sheriff's Department

PURCHASE ORDER

FY26 P.O. Date: 06/30/2025 E/R Ref.#: 0114381 P.O.#: 1021510

Vendor:		Ship To/Location:	
Correctional Psychiatric Services		Suffolk County House of Correction	
P.O. Box 1229 Sherborn, MA 01770-1229		(Deliveries: M thru F - 6 am - 1:00 pm) 20 Bradston Street Boston MA 02118	
Tax ID: 043237028		Attention:	
Quote No: RFRBD231098HOCSDS0280172		Tel.#: 617-635-1000 x2038	
Contact Person: Jorge Velez	Contact Phone#: 508-647-6864	(Facility) Division: HOC: 8111-27 Medical Services	
Contact E-mail Addr: ENTER CONTACT E-MAIL ADDRESS	Contact Fax: ENTER CONTACT FAX		

THIS IS AN ORDER FOR THE FOLLOWING PRODUCTS/SERVICES:

Qty.	Unit	Description and Part#	Unit Price	Ext Price
1	EA	Health and Psychiatric Services for the House of Correction and Jail FY25 Portion JUNE 30 2025	55,225.00	55,225.00
11	Months	Health and Psychiatric Services for the House of Correction and Jail year 3 FY26	1,679,758.00	18,477,338.00
1	EA	Health and Psychiatric Services for the House of Correction and Jail year 3 FY26 6/1/26-6/29/2026	1,624,537.00	1,624,537.00
1	EA	maintenance, repairs and replacement equipment for medical and dental. FY26	30,000.00	30,000.00
1	EA	HCRC Groups FY26	12,000.00	12,000.00
12	months	MAT Managers FY26	38,795.64	465,547.68

REMIT TO: SUFFOLK COUNTY SHERIFF'S DEPARTMENT
Financial Services Division
20 Bradston Street
Boston, MA 02118
Subtotal 20,664,647.68
Total 20,664,647.68

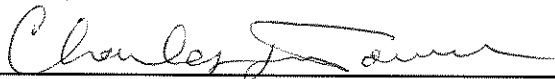
This purchase order is only valid for the listed goods and services that are delivered to the SCSD on or before the period-end date (FY 06/30/2026) or the contract end-date

Delivery Instructions: Deliver AS SOON AS POSSIBLE

Tax Exempt? YES

Terms: Net 45 (Business Days)

State Tax Exemption#: 046-002-284

SCSD FINANCIAL SERVICES:
Authorizing Signature:

Date: 6/30/25

Div. Code:

HOC: 8111-27 Medical Services

Budget (Approp):

89108800: Suffolk Sheriff

MMARS Code:

R21

NOTES:

As part of the Vendor's obligations in this contract, the Vendor acknowledges that they are bound to follow the guidelines and standards of the Prison Rape Elimination Act (28 C.F.R. 115).

Form Detail

To edit the Power Office Form, click Edit below. To print the Power Office Form, click Print below. To email the Power Office Form, click Email below. Post-approval changes shown in red.

ER Approved at this level

Commonwealth of Massachusetts

Suffolk County Sheriff's Department Expense Request

Date Submitted: 06/05/2025

(Facility) Division: HOC: 8111-27 Medical Services

Person Requesting: Patricia Sullivan

Requestor's Tel.#: 617-635-1000 x2038

P.O.#: 1021510

Current Status: Approved

E/R Tracking:

FY 26 E/R#: 0114381

COVID-19 related? No

Process/Expedite Level:

Standard

Request Type:

For inquiries regarding this ER, contact:

Financial Services - A. Maska @ x2125

Vendor: Correctional Psychiatric Services P.O. Box 1229 Sherborn, MA 01770-1229 Tax ID: 043237028 Quote No: RFRBD231098HOCSDS0280172 Contact Person: Jorge Velez Contact E-mail Addr: ENTER CONTACT E-MAIL ADDRESS Contact Phone#: 508-647-6864 Contact Fax: ENTER CONTACT FAX	Ship To/Location: Suffolk County House of Correction (Deliveries: M thru F - 6 am - 1:00 pm) 20 Bradston Street Boston MA 02118 Attention: Patricia Sullivan (Facility) Division: HOC: 8111-27 Medical Services Tel.#: 617-635-1000 x2038
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1	EA	maintenance, repairs and replacement equipment for medical and dental. FY26	30,000.00	30,000.00		
1	EA	HCRC Groups FY26	12,000.00	12,000.00		
12	months	MAT Managers FY26	38,795.64	465,547.68		

Reasons for Request

Medical Contract First Year renewal amendment medication assisted groups and management

Subtotal 20,664,647.68

Total 20,664,647.68

Delivery Instructions: Deliver AS SOON AS POSSIBLE

FINANCIAL SERVICES: ADMINISTRATIVE INFORMATION ONLY!

Div. Code: HOC: 8111-27 Medical Services

Budget (Approp):

MMARS Code:

F/S Staff Assignment:

Andi Maska

Financial Services Approval Comments:**Comments / Supporting Documentation**

(Attach ALL required documentation: Quotes / Specs. / P.O.s / Bills-of-Lading / Pkg. Slips / Receipts / Invoices / etc.)

Attachment Size

No Attachments Found

For Receiving Use Only

Receipt Status

No

For Additional Information, Contact:

Release to Pay?

(If not Upon Full Receipt, please explain)

Invoice Register

Inv. Date	Invoice #	Purch Amt	Freight	Tax	Total
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Cost of goods received:	0.00
Unreceived:	20,664,647.68
Total Invoiced:	0.00
Uninvoiced:	20,664,647.68

Copy

Email

Print

Edit

Unapprove

Close

Status: Approved**Activity Log**

Submitted - 06/05/2025 2:09 P.M. by Patricia Sullivan
Asst. Supt. Rachelle Steinberg notified - 06/05/2025 2:09 P.M. by
Edited (See backup) - 06/05/2025 2:09 P.M. by Patricia Sullivan
Approved - 06/05/2025 2:15 P.M. by Asst. Supt. Rachelle Steinberg
Asst. Supt. Mark Lawhorne notified - 06/05/2025 2:15 P.M. by
Supt. Mike Lally notified - 06/05/2025 2:15 P.M. by
Approved - 06/05/2025 2:18 P.M. by Supt. Mike Lally
Jennifer Phat notified - 06/05/2025 2:18 P.M. by
Lakia Jones notified - 06/05/2025 2:18 P.M. by
Supt. John McLaughlin notified - 06/05/2025 2:18 P.M. by
Approved - 06/05/2025 2:45 P.M. by Lakia Jones
Emailed to cbianchino - 06/05/2025 2:46 P.M. by Lakia Jones
Edited (See backup) - 06/06/2025 12:05 P.M. by Andi Maska
Edited (See backup) - 06/06/2025 12:10 P.M. by Andi Maska
Edited (See backup) - 06/06/2025 1:22 P.M. by Andi Maska
Approved - 06/11/2025 4:49 P.M. by Robbin Hatton
Edited (See backup) - 06/25/2025 2:11 P.M. by Andi Maska
Edited (See backup) - 06/25/2025 2:23 P.M. by Andi Maska
Edited (See backup) - 06/30/2025 2:46 P.M. by Charles Donovan
Approved - 06/30/2025 2:46 P.M. by Charles Donovan
Patricia Sullivan notified of approval - 06/30/2025 2:46 P.M. by

Approval Flow

Approver #1: Approved by Asst. Supt.
Rachelle Steinberg
Asst. Supt. Rachelle Steinberg
Approver #2: Approved by Supt. Mike Lally
Asst. Supt. Mark Lawhorne
Supt. Mike Lally
Approver #3: Approved by Lakia Jones
Jennifer Phat
Lakia Jones
Supt. John McLaughlin
Approver #4: Approved by Robbin Hatton
Robbin Hatton
Approver #5: Approved by Charles
Donovan
Charles Donovan
Status: Approved

COMMONWEALTH OF MASSACHUSETTS | STANDARD CONTRACT FORM

This form is jointly issued and published by the Office of the Comptroller, the Executive Office for Administration and Finance, and the Operational Services Division as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. The Commonwealth deems void any changes made on or by attachment (in the form of addendum, engagement letters, contract forms or invoice terms) to the terms in this published form or to the Standard Contract Form Instructions and Contractor Certifications, the Commonwealth Terms and Conditions, the Commonwealth Terms and Conditions for Human and Social Services or the Commonwealth IT Terms and Conditions which are incorporated by reference herein. Additional non-conflicting terms may be added by Attachment. Contractors are required to access forms at macomptroller.org/forms or mass.gov/lets/bsd-forms.



CONTRACTOR INFORMATION:			COMMONWEALTH INFORMATION:		
Contractor Legal Name: Correctional Psychiatric Services d/b/a			Department: Suffolk County Sheriff's Dept.		MMARS Code: SDS
Legal Address: As entered on Form W-9 or Form W-4 PO Box 1229 Sherborn, MA 01770-1229			Contract Manager Name: Andi Maska		Business Mailing Address: 20 Bradston Street, Boston MA 02118
Contract Manager Name: Jorge Veliz			Billing Address: If Different		
Phone: 608-647-8884	Email: jveliz@cpsmh.org	Fax:	Phone: 617-635-1000 X21	Email: amaska@scsdma.org	Fax: 617-704-8563
Vendor Code: VC VC6000160959			MMARS Doc ID(s): 23CRRPSYCH111790H28		
Vendor Code Address ID: AD 001 e.g. "AD001". Note: The Address ID must be set up for Electronic Funds Transfer (EFT) payments.			RFR/Procurement or Other ID Number: RFR BD23 1098-HOC-SDS02-80172		
NEW CONTRACT			CONTRACT AMENDMENT		
Procurement or Exception Type (Check one option only) ☐ Statewide Contract (OSD or an OSD-designated department.) ☐ Collective Purchase (Attach OSD approval, scope, and budget.) ☐ Department Procurement - Includes all Grants 815 CMR 2.00. (Attach Solicitation Notice or RFR, and Response or other procurement supporting documentation.) ☐ Emergency Contract (Attach justification for emergency, scope, and budget.) ☐ Contract Employee (Attach Employee Status Form, scope, and budget.) ☐ Interim Contract with new Contractor (Attach justification for Interim Contract and updated scope/budget.) ☐ Other Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope, and budget.)			Current Contract End Date: PRIOR to Amendment Amendment Amount: Or Enter "No Change" Amendment Type (Check one option only. Attach details of amendment changes.) ☒ Amendment to Date, Scope, or Budget (Attach updated scope and budget.) ☐ Interim Contract with Current Contractor (Attach justification for Interim Contract and updated scope/budget.) ☐ Contract Employee (Attach any updates to scope or budget.) ☐ Other Procurement Exception (Attach authorizing language/justification and updated scope/budget.)		
TERMS AND CONDITIONS			Approved As To Form and Legal Compliance on Date: 6/30/25 Signed: [Signature] Title: Sheriff Tompkins's Department		
The Standard Contract Form Instructions and Contractor Certifications and the following document are incorporated by reference into this Contract and are legally binding (Check ONE option): ☒ Commonwealth Terms and Conditions ☐ Commonwealth Terms and Conditions for Human and Social Services ☐ Commonwealth IT Terms and Conditions					
COMPENSATION (Check ONE option):					
The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. ☒ Rate Contract (No Maximum Obligation). (Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) ☐ Maximum Obligation Contract. Total maximum obligation for total duration of this contract (or new total if contract is being amended):					
PROMPT PAYMENT DISCOUNTS (PPD)					
Commonwealth payments are issued through Electronic Funds Transfer (EFT) 45 days from invoice receipt. See Prompt Pay Discounts Policy. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within: 10 days % PPD. 15 days % PPD. 20 days % PPD. 30 days % PPD. If PPD percentages are left blank, identify reason: ☐ Statutory/legal ☐ Ready Payments (M.G.L. c. 29, § 23A) ☐ Agree to standard 45-day cycle ☐ Only initial payment					
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT					
Enter the Contract title, purpose, fiscal year(s) and a detailed description of the scope of performance or what is being amended for a Contract Amendment. Attach all supporting documentation and justifications. Comprehensive Health Services at HOC and NSJ plus repairs and maintenance and 2 MAT nurse Managers plus HCRC Groups. 1st renewal option					
SUPPLIER DIVERSITY PROGRAM (SDP) PLAN					
Does the Supplier Diversity Program apply? ☒ YES If YES, the Contractor's annual SDP commitment for this Contract is ☒ NO If NO, and the department is an Executive Department, enter the appropriate exemption: Sheriff Tompkins is an elected official. G.L. c.37					
ANTICIPATED START DATE (Complete ONE option only):					
The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations: ☐ 1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date. ☒ 2. may be incurred as of June 30, 2025, a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date. ☐ 3. were incurred as of June 30, 2025, a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.					
CONTRACT END DATE					
Contract performance shall terminate as of June 29, 2026, with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.					
CERTIFICATIONS:					
Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, the applicable Commonwealth Terms and Conditions, this Standard Contract Form, the Standard Contract Form Instructions and Contractor Certifications, the Request for Response (RFR) or other solicitation, the Contractor's Response (excluding any language stricken by a Department as unacceptable, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.					
AUTHORIZING SIGNATURE FOR THE CONTRACTOR			AUTHORIZING SIGNATURE FOR THE COMMONWEALTH		
Signature and date must be captured at time of signature.			Signature and date must be captured at time of signature.		
Signature: [Signature]		Date: 6.30.25	Signature: [Signature]		Date: 6/30/25
Print Name: JORGE VELIZ, MR.		Print Title: CPS Manager	Print Name: [Signature]		Print Title: [Signature]

CONTRACT RIDER
ENSURING COMPLIANCE WITH THE
PRISON RAPE ELIMINATION ACT (28 C.F.R. 115)

This document is a rider to the contract between the Suffolk County Sheriff's Department (SCSD) and the Contractor, and the provisions and obligations of this rider shall be incorporated in the contract until termination.

1. The SCSD has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and which outlines the SCSD's approach to preventing, detecting, and responding to such conduct.
2. The Contractor is obligated to comply with the SCSD's policy, as referenced in paragraph 1, and which is recorded as Department Policy S241.
3. Sexual abuse and sexual harassment includes:
 - a. Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one inmate, detainee, or resident directed toward another;
 - b. Repeated verbal comments or gestures of a sexual nature to an inmate, detainee, or resident by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.
 - c. Voyeurism by a staff member, contractor, or volunteer means an invasion of privacy of an inmate, detainee, or resident by staff for reasons unrelated to official duties, such as peering at an inmate who is using a toilet in his or her cell to perform bodily functions; requiring an inmate to expose his or her buttocks, genitals, or breasts; or taking images of all or part of an inmate's naked body or of an inmate performing bodily functions.
4. Training: The SCSD has a policy that ensures that all volunteers and contractors who have contact with residents have been informed of their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

The Contractor Correctional Psychiatric Services The Suffolk County Sheriff's Dept.

[Signature]
Contractor's Signature

Print Name: Jorge Veliz, M.D.

Title: CPS President.

Date: 6. / 30 / 25

[Signature]
Charles Donovan, CFO

**AMENDMENT TO THE
CONTRACT FOR COMPREHENSIVE HEALTH SERVICES
BY AND BETWEEN
THE SUFFOLK COUNTY SHERIFF'S DEPARTMENT
AND
CORRECTIONAL PSYCHIATRIC SERVICES
FOR STAFFING INCREASE OF TWO MAT NURSE MANAGERS AND
HCRC GROUP COUNSELING**

THIS AMENDMENT TO THE CONTRACT by and between the Parties, the Suffolk County Sheriff's Department (the "Department"), and **CORRECTIONAL PSYCHIATRIC SERVICES ("CPS")**, is hereby entered into as of this ____ day of June, 2025 ("Effective Date").

WHEREAS, CPS was the winning bidder on the competitively procured contract for Comprehensive Health Services ("Contract").

WHEREAS, CPS and the Department desire to amend the Contract to make certain changes to the provisions contained within the Contract.

WHEREAS, Section 6.3.6.4 entitled Medication Assisted Treatment (MAT)/ Medication for Opioid Use Disorder (MOUD) addresses CPS's obligation to provide MAT treatment including providing all FDA-approved medications and providers who specialize in addiction medicine.

WHEREAS, Section 6.3.6.4 acknowledges that "Additional or a reduction in staff may be requested by the Department, at any time, in accordance with the population."

WHEREAS, pursuant to Section 6.3.6.4, the parties agree that two, full-time (forty hours) MAT Nurse Managers are needed, one RN shall be at the HOC and the other RN shall be at NSJ, to coordinate patient treatment for those diagnosed with Opioid Use Disorder (OUD) by overseeing the daily medical and nursing operations of the MAT program. Each MAT Manager RN will assume supervision responsibilities for dosing nurses, ensuring the provision of comprehensive MAT nursing care throughout a patient's admission and discharge process. Also, each MAT Nurse Manager will play a crucial and indispensable role within the multidisciplinary MAT team, acting as a liaison between community clinics, medical professionals and other team members to ensure compliance with BSAS regulations and deliver required training to nursing staff as mandated by BSAS. Each MAT Nurse Manager will maintain ongoing collaboration with providers to enhance patient care timelines until discharge.

It is understood by the parties that each MAT Nurse Manager shall be on call 365/24/7 and that this Amendment for two MAT Nurse Managers takes into consideration management oversight, recruitment, training, overtime and/or bonuses, benefits and coverage during vacations, holidays and other types of leave.

WHEREAS 6.9.2. Staffing Matrix: Administration recognizes that “[S]taffing level changes that may be necessitated from time to time shall be determined by the written agreement of CPS and the SCSD, these two MAT Nurse Manager positions shall be added to the Staffing Matrix. Under no circumstances shall the Department pay more than the maximum salary listed for both MAT Nurse Manager over the 2 Fiscal Years delineated below. Stated another way, the Department shall not pay for on- call or training, noted below, that would extend the beyond the 40 hours maximum pre MAT Nurse Manager listed.

<u>Position</u>	<u>Hours</u>	<u>FTE</u>
<u>HOC MAT Nurse Manager, RN</u>	40	1.0
<u>NSJ MAT Nurse Manager, RN</u>	40	1.0
On-Call	365/24/7	When needed
Training	Included	When needed
Total	80	2.0

HCRC Group Counseling

Further, CPS has agreed to cover Health Care Resource Center’s monthly group counseling fee upfront. HCRC is a Methadone Clinic & Opioid Addiction Treatment and Counseling facility located at 23 Bradston Street, Boston, MA 02118. CPS shall submit monthly and timely invoices to the Department for reimbursement up to a maximum of \$1,000 per month and/or \$12,000 per each fiscal year. The Cost per each fiscal year of the above-referenced staffing and services is delineated below:

FY25

HCRC Groups (12 months)	\$12,000	
MAT RN Managers (\$38,795.64/Max per month)		\$193,978.20 (5 months in FY25)
Total cost for FY25	\$205,979.20	

FY26

HCRC Groups (12 months)	\$12,000	
Mat RN Managers (\$38,795.64/ Max per month)		\$465,547.68 (12 months)
Total cost for FY26	\$477,547.68	

NOW THEREFORE, in consideration of the mutual covenants herein contained, the receipt and sufficiency of which are hereby acknowledged, it is agreed upon as follows:

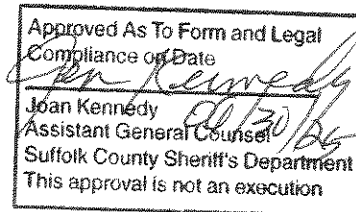
IN WITNESS WHEREOF, the parties hereto have executed this Amendment and agreed to its amended terms in their official capacity with legal authority to do so as of the date first written above. Except as expressly amended herein, all other terms and conditions of the Contract shall remain in full force and effect.

Suffolk County Sheriff's Department

Correctional Psychiatric Services, P.C.


By: Charles Donovan
Its: Chief Financial Officer
Date:


By: Jorge Veliz, MD
Its: President
Date:





Commonwealth of Massachusetts
CONTRACTOR AUTHORIZED SIGNATORY LISTING

This form is jointly issued and published by the Office of the Comptroller (CTR) and the Operational Services Division (OSD) as the default form for all Commonwealth Departments when another form is not prescribed by regulation or policy.

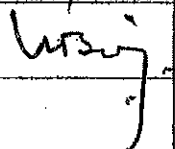
Signature for Corporation (C or S), Partnership, Trust/Estate, Limited Liability Company
(must match Form W-9 tax classification)

Contractor Legal Name Correctional Psychiatric Services, PC	Contractor Vendor/Customer Code (If available, not the Taxpayer Identification Number or Social Security Number) VC6000180258
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INSTRUCTIONS: Any Contractor (other than a sole-proprietor or an individual contractor) must provide a listing of individuals who are authorized as legal representatives of the Contractor who can sign contracts and other legally binding documents related to the contract on the Contractor's behalf. In addition to this listing, any state department may require additional proof of authority to sign contracts on behalf of the Contractor, or proof of authenticity of signature (a notarized signature that the Department can use to verify that the signature and date that appear on the Contract or other legal document was actually made by the Contractor's authorized signatory, and not by a representative, designee or other individual.)

For privacy purposes **DO NOT ATTACH** any documentation containing personal information, such as bank account numbers, social security numbers, driver's licenses, home addresses, social security cards or any other personally identifiable information that you do not want released as part of a public record. The Commonwealth reserves the right to publish the names and titles of authorized signatories of contractors.

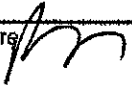
There are three types of electronic signatures that will be accepted on this form: 1) Traditional "wet signature" (ink on paper); 2) Electronic signature that is either: a. hand drawn using a mouse or finger if working from a touch screen device; or b. An upload picture of the signatory's hand drawn signature; 3) Electronic signature affixed using a digital tool such as Adobe Sign or DocuSign. Typed text of a name not generated by a digital tool, computer generated cursive, or an electronic symbol are not acceptable forms of electronic signature.

Authorized Signatory Name	Signature (Signature as it will appear on contract or other documents)	Title	Phone Number	Email Address
Jorge Veliz, MD		President	617-794-9877	jveliz@cpsmh.org

Acceptance of any payment under a Contract or Grant shall operate as a waiver of any defense by the Contractor challenging the existence of a valid Contract due to an alleged lack of actual authority to execute the document by the signatory.

I certify that I am a responsible authorized officer of the Contractor and as an authorized officer of the Contractor I certify that the names of the individuals identified on this listing are current as of the date of execution and that these individuals are authorized to sign contracts and other legally binding documents related to contracts with the Commonwealth of Massachusetts on behalf of the Contractor. I understand and agree that the Contractor has a duty to ensure that this listing is immediately updated and communicated to any state department with which the Contractor does business whenever the authorized signatories above retire, are otherwise terminated from the Contractor's employ, have their responsibilities changed resulting in their no longer being authorized to sign contracts with the Commonwealth or whenever new signatories are designated.

Please note you cannot self-certify your own signature as a single signer listed above.

Signature 	Date 6/30/2025
Print Name Beth Cheney	Phone Number 617 470 9990
Title COO	Email Address bcheney@cpsmh.org

A copy of this listing must be attached to the "record copy" of a contract filed with the department.



SUFFOLK COUNTY SHERIFF'S DEPT.

Steven W. Tompkins, Sheriff

Nashua Street Jail
200 Nashua Street
Boston, Ma. 02114

House of Correction
20 Bradston Street
Boston, Ma. 02118



Receipt of Policies – Contractor/Vendor

By signing this form, the Contractor/Vendor acknowledges receipt of the listed Policies and has reviewed and understands the Suffolk County Sheriff's Department Policies, including:

S104 – Policy & Procedure
S112 – Facility Inspections
S131 – Public Information/Media Access
S132 – Contract Services
S134 – Department Investigations
S152 – Receipt of Process
S153 – CORI
S181 – Management Information Systems
S215 – Drug Free Workplace
S220 – Code of Conduct
S225 – Dress Code for Non Uniformed Employees
S227 – Staff Parking
S239 – Sexual Harassment
S241 – Prevention of Inmate Sexual Abuse
S740 – Maintenance/Repair of Facility
S741 – Tool/Equipment Control
S750A – Housekeeping Plan House
S750B – Housekeeping Plan Jail
S751 – Waste Disposal

I, JORGE VELIZ, M.D., as EPS President of
(Name) (Title)
Con. Psych. Services company, acknowledge receipt of the
(Company Name)

above mentioned Sheriff's Dept. Policies.

Signature

Date

6. / 30 / 25

Return signed form to Karen McDevitt Financial Services, 20 Bradston St, Boston, MA 02118

ON MMARS -> 23 CORRPSYCH 111790 H28

FS PROCUREMENT, ENCUMBRANCE & TRACKING FORM

MMARS Code: R21 Doc ID#: 26 CORRPSYCH 1114381 H28

Code (select one): ☐ CT ☐ PC ☐ GAE ☐ RPO ☐ IB

Amount 1: \$ 20,664,647.68 Amount 2: \$ _____ Amount 3: \$ _____

Amount 4: \$ _____ Amount 5: \$ _____ ☐ Grant: _____

Discount Terms: _____

Procurement Method

☐ Competitive Procurement Exception: See reverse side for "Competitive Procurement Exception Explanation Form" for authorization. If >\$10k, then provide SDS Contract # _____

☐ Collective Purchasing

☐ State Contract Number _____

☒ Other (describe) RFR BD 23 1098-HOC SDS02 80172

☐ 3 (or more) Written quotes attached for Purchases/Services \$1 - \$9,999

☐ 3 (or more) Written quotes attached for Purchases/Services \$10,000 - \$150,000, SDS Contract # _____

☐ Request for Response (RFR) with SDS Standard Contract # _____

☐ Under \$10K, Incidental Purchases/Services

☐ No Quote

☐ With Less Than 3 quotes

☐ P-Card Purchase with Quote/Invoice

☐ Employee Reimbursement

☐ Other (describe) _____

Initials of FS buyer or quote receiver AM Date 6/30/25

Initials of FS submitter into MMARS _____ Date 1/1

FY25 JUNE 30, 2025

55,225

FY26 7/1/25 - 6/29/26

20,609,422.68

TOTAL

20,664,647.68

Approval of PO

☒ Initials of CFO or designee J Date 6/30/25

☐ CFO Initials, if needed J

Notes, or updates _____

PO Not Approved at this time

☐ Initials of CFO or Designee _____ Date 1/1

Reasons:

☐ Prefer 3 written quotes

☐ Specifications need to be included or improved

☐ Prefer that State Contract is used

☐ Other _____

Resolved

☐ Initials of CFO or Designee _____ Date 1/1